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CONVULSIONS AND MALARIA.

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THE case here reported is of interest in two respects : firstly, as to the cause of the attacks, which was either mental disturbance, spinal injury, or the excitement of the nervous system caused by cauterization and the resultant pain ; secondly, on account of the cessation of the attacks after the use of quinine sulphate.

H. H., a young American laborer, ten days after illicit sexual intercourse noticed a sore on the glans penis and consulted me five days later. I found three ulcers, which I considered to be chancroids. Sensibility having been lessened by an application of pure carbolic acid, I cauterized the sores with fuming nitric acid and covered them with dry iodoform dressing.

I saw the man every two days for a week. On the eleventh day, on removing the dressing, profuse arterial hemorrhage took place from the base of one of the ulcers, which was controlled only by packing with ferric sulphate. The pain was so severe during the night that sleep was greatly disturbed.

On the same day, while engaged in lifting a huge stone, the man had slipped and fallen, striking his spine upon a large rock ; severe pain continued for some time after. A day later he was feeling well and came to my office to have the ulcers again cauterized and dressed as usual. On going home he ate a large dinner, took a full bath, and at about 5 P.M. fell unconscious, and had



a series of convulsions of the hystero-epileptic variety, according to the classification of Frederick Jolly in his article in Ziemssen's *Cyclopaedia*. The man became unconscious, throwing his body recklessly in all directions, with his eyes closed, the pupils dilated, the breathing stertorous—the strength of two or three men being required to control the movements. There was no opisthotonus and no biting of the tongue, but there was frothing at the mouth. On pressure over the spine two or three tender vertebrae were found at the place of injury of the previous day.

After ten or fifteen minutes the man would curl his body, and the convulsions would cease for about ten minutes, the breathing being stertorous and the sopor profound.

The attendants stated that he had thirty separate convulsions that night. Chloroform was inhaled and potassium bromide was given in doses of thirty grains, and the convulsions stopped before morning. On the next day the man ate well; his bowels were moved; and he felt well until about 7 P.M., when the convulsions recurred and lasted about three hours. The same treatment was used as had been employed. The man had a good night and felt well on the next day, except for muscular lameness. Two hours later than on the previous evening the convulsions again came on, but ceased after the use of increased doses of potassium bromide.

The next two days were but repetitions of the preceding days, except that the attacks came on each night two hours later than on the preceding night.

The spinal tenderness disappeared on the second day of the attacks. At no time had the penis been swollen, tender, or painful.

The periodicity of the attacks exciting a suspicion of a malarial cause or complication, I administered fifteen grains of quinine sulphate at night. Thereafter there were no further convulsions or nervous symptoms. The

quinine was continued for four days in large doses and then withdrawn.

The man has greatly improved in appearance, strength, and general health; his appetite is good and sleep is normal.

The ulcers have been cauterized two or three times since, this treatment, for obvious reasons, having been temporarily omitted; but no untoward effects have been observed. It is now six weeks since the exhibition of the quinine and the occurrence of the convulsions.

Recovery was only retarded by the development of a bubo as large as a hen's egg in the right groin, which threatened suppuration. Calcium sulphide, gr. $\frac{1}{10}$, was given every hour, and the swelling and soreness completely disappeared within three days.

I can find in the books and periodicals at my command no case similar to that reported. The periodicity of the attacks and their cessation after saturating the system with quinine lead me to the belief that the attacks were of malarial origin, precipitated, doubtless, by either the cauterization or the spinal injury, or a combination of the two.

